

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2017								
Entity Name: Columbia Basin Hospital								
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 KIBBY, ROSALINDA	ADMINISTRATOR		128,487			4,572	27,101	160,160
2 HANDLY, RHONDA			128,046			10,048	7,873	145,967
3 TREPANIER, BECKY			102,717			3,052	7,873	113,642
4 CLARK, DIANE			94,226			8,532	7,873	110,631
5 DUTCHER, MICHAEL			92,198			0	7,873	100,071
6 LITTLE, SUZANNE			84,729			5,590	7,873	98,192
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov